Form Approved
OMB No. 2040-0004

Page 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957

PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

**LOCATION:** P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

**FROM** 

001A

DISCHARGE NUMBER

	MONITORING PERIOD										
YEAR	МО	DAY		YEAR	МО	DAY					
08	04	01	то	08	04	30					

DMR MAILING ZIP CODE: 96799

**MAJOR** 

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING	;	Q	UALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****		****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		****	90 MO AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Weekly Discharge	COMP24
рН	SAMPLE MEASUREMENT	*****	*****			*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2970 MO AVG	7470 DAILY MX	lb/d	****	*****	*****			Once Per Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				*****	*****	*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	800 MO AVG	1934 DAILY MX	lb/d	****	****	*****			Twice Every Discharge Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				*****	*****	*****				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	208 MO AVG	271 DAILY MX	lb/d	****	*****	*****			Twice Every Discharge Week	COMP24
Oil and grease	SAMPLE MEASUREMENT				****	*****	*****			, , , , , , , , , , , , , , , , , , ,	
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	756 MO AVG	1890 DAILY MX	lb/d	*****	*****	*****			Once Per Weekly Discharge	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TEL	EPHONE		DATE	
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rure, accurate, and complete. I am aware that there are significant						
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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NAME: COS SAMOA PACKING CO

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PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

**LOCATION:** P.O. BOX 957

PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

MO

04

01

то

YEAR

80

**FROM** 

001A

DISCHARGE NUMBER

MONITORING PERIOD  D DAY YEAR MO DAY											
D DAY YEAR MO DAY	MONITORING PERIOD										
	)	DAY		YEAR	МО	DAY					

08 04

30

**DMR MAILING ZIP CODE:** 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUAN		Ql	JALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	****	****	****			Continuous	METER
Ammonia (as N) + unionized ammonia	SAMPLE MEASUREMENT				****						
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	973.31 MO AVG	1952.93 DAILY MX	lb/d	****	83.36 MO AVG	167.26 DAILY MX	mg/L		Once Per Weekly Discharge	COMP24

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TEL	EPHONE		DATE	
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PERMIT NUMBER

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DISCHARGE NUMBER

MONITORING PERIOD										
YEAR MO DAY YEAR MO DAY										
08	05	01	то	08	05	31				

DMR MAILING ZIP CODE: 96799

**MAJOR** 

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING	3	Q	UALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****		****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		****	90 MO AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****		*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Weekly Discharge	COMP24
рН	SAMPLE MEASUREMENT	****	*****			*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2970 MO AVG	7470 DAILY MX	lb/d	****	*****	*****			Once Per Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				****	*****	*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	800 MO AVG	1934 DAILY MX	lb/d	****	*****	****			Twice Every Discharge Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				****	*****	*****				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	208 MO AVG	271 DAILY MX	lb/d	****	*****	*****			Twice Every Discharge Week	COMP24
Oil and grease	SAMPLE MEASUREMENT				*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	756 MO AVG	1890 DAILY MX	lb/d	*****	*****	*****			Once Per Weekly	GRAB

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**LOCATION:** P.O. BOX 957

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YEAR	МО	DAY		YEAR	МО	DAY					
08	05	01	то	08	05	31					

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	****	*****	*****			Continuous	METER
Ammonia (as N) + unionized ammonia	SAMPLE MEASUREMENT				*****						
61574 1 0 Effluent Gross	PERMIT REQUIREMENT	973.31 MO AVG	1952.93 DAILY MX	lb/d	****	83.36 MO AVG	167.26 DAILY MX	mg/L		Once Per Weekly Discharge	COMP24

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YEAR	МО	DAY		YEAR	МО	DAY			
08	06	01	то	08	06	30			

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING	<b>.</b>	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]		
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00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	90 MO AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****		****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Weekly Discharge	COMP24
рН	SAMPLE MEASUREMENT	*****	*****			*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2970 MO AVG	7470 DAILY MX	lb/d	****	*****	*****			Once Per Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				****	*****	*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	800 MO AVG	1934 DAILY MX	lb/d	****	*****	*****			Twice Every Discharge Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				****	*****	*****				
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Oil and grease	SAMPLE MEASUREMENT				****	*****	*****				
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MONITORING PERIOD									
YEAR	МО	DAY		YEAR	МО	DAY			
08	06	01	то	08	06	30			

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

PARAMETER	QUANT	TITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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